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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/624732	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	cancel					51						
2	(1)					52						
3	(1)					53						
4	(1)					54						
5	(1)					55						
6	(1)					56						
7	(1)					57						
8	(1)					58						
9	cancel					59						
10	(1)					60						
11	(1)					61						
12	cancel					62						
13	(1)					63						
14	(1)					64						
15	(1)					65						
16	(1)					66						
17	(1)					67						
18	(1)					68						
19	(1)					69						
20	(1)					70						
21	(1)					71						
22	(1)					72						
23	(1)					73						
24	(1)					74						
25	(1)					75						
26	(1)					76						
27	(1)					77						
28	(1)					78						
29	(1)					79						
30	1					80						
31						81						
32						82						
33						83						
34						84						
35	1					85						
36						86						
37						87						
38	1					88						
39						89						
40	1					90						
41						91						
42	1					92						
43						93						
44	1					94						
45						95						
46						96						
47	1					97						
48						98						
49						99						
50						100						
TOTAL IND.	7					TOTAL IND.						
TOTAL DEP.	37					TOTAL DEP.						
TOTAL CLAIMS	44					TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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